

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO.  | DATE        |
|---------------------------|-----------|---------|-------------|
| FEE DETERMINATION         | <i>me</i> |         | 10/18/01    |
| O.I.P.E. CLASSIFIER       |           |         | 10/11-01-01 |
| FORMALITY REVIEW          | <i>mm</i> | 920     | 11-14-01    |
| RESPONSE FORMALITY REVIEW | <i>AS</i> | 0316330 | 6-13-03     |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date   |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions staple additional sheet here **BEST AVAILABLE COPY**

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IC 41920

5/21/03 6/11/03

90/ 11/19/01